

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Lula</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of		State Index No.	<u>154</u>
or		County Registrar No.	<u>67</u>
City of	<u>Globe.</u>	Local Registrar No.	
No. _____		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
2. Full name of child <u>None - Still born</u>			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>M</u>			<u>Yes</u>
6. Date of birth		7. Date of birth	
<u>Jan 19-1924</u>		<u>Jan 19-1924</u>	
Month day year		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Edwin C Haines</u>		Full maiden name <u>Elana Vargas</u>	
9. Residence (Usual place of abode) <u>Rio Canyon</u>		15. Residence (Usual place of abode) <u>Rio Canyon</u>	
If nonresident, give place and state <u>Globe</u>		If nonresident, give place and state <u>Globe</u>	
10. Color or race <u>Half Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Bonita</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country) <u>Ariz</u>		(State or country)	
13. Occupation <u>Laborer + Truck Driver</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>10 P</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>M. W. Horst</u>	
Given name added from supplemental report		(Physician or midwife)	
Month, day, year.		Filed <u>Jan 22</u> 1924 <u>B. G. J. A.</u>	
Registrar.		Filed <u>2/6</u> 1924 <u>B. G. J. A.</u>	
		County Registrar.	

Eclampsia case 042-119-552